

Can Telephone Counselling Services Help in the Pacific?

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This In Brief informs readers about the status of mental health services and telephone counselling services in the Pacific region and offers suggestions for further research on this topic. The paper identifies a problem — a deficit in mental health service capacity in the Pacific — and a particular modality — telephone counselling — that might address some of the challenges across the region.

Mental health services in the Pacific

According to the World Health Organization, ‘mental health is an integral part of health and well-being’ ([WHO 2013:7](#)). Mental health issues can negatively interact with other diseases, such as tuberculosis ([WHO 2015:1](#)), and ‘mental disorders frequently lead individuals and families into poverty’ (WHO 2013:8). Worldwide, ‘health systems have not yet adequately responded to the burden of mental disorders’ (WHO 2013:8), and the gap is greatest in low-income and middle-income countries (WHO 2013:8).

In the Pacific, there is a scarcity of mental health services, as ‘mental health is infrequently a national priority’ (Hunter 2015:1) for Pacific Island countries (PICs). The context is of stretched health services with tropical disease burden, low numbers of health workers and low health budgets per capita. In addition, aid donors such as Australia tend not to prioritise mental health (Hunter 2015:1). There is unmet need for mental health services in PICs (Hunter 2015:2).

Health telephone services in the Pacific

PICs were among the very last countries in the world to gain widespread mobile telephone reception. Network coverage now reaches many rural and remote communities, which previously had few, if any, two-way communication options. While there may be potential for communication technologies to be used for a range of purposes in the health sector in PICs, to date most strategic uses have been for health data collection (Cullen 2017).

In a recent review of academic literature on telephone counselling, videoconferencing and online therapy in a range

of settings, it was found that these ‘modalities demonstrated good efficacy in treating anxiety and depression in general, and when presenting comorbid with other disorders’ (Lamb et al. 2019:671). Telephone counselling in particular was found to be an ‘accessible, convenient, and cost-effective ... alternative for those who cannot access in-person psychotherapy’ (ibid.). This modality has theoretical appeal for servicing dispersed populations across the Pacific in terms of access and timeliness, but there is little or no outcome data available regarding such services within the region.

In 2017, Pacific Women Shaping Pacific Development [conducted a review](#) of counselling services in the Pacific with a focus on domestic violence support. The findings showed that across the Pacific there were 85 counselling service providers, with 19 organisations offering health telephone services. These services provide basic counselling, advice and referrals and are deemed successful given the ability to extend the reach of services. For example, in Papua New Guinea (PNG), a gender-based violence telephone counselling service has fielded calls [from every province in PNG](#). It is worth noting that evaluations that measure reach do not necessarily equate to positive outcomes for individual mental health status or overall impact on mental health at a population level.

Mental health telephone services

There are three telephone services specifically focused on mental health across the Pacific: Fa’ataua Le Ola – Samoa Lifeline in Samoa, Lifeline in American Samoa and the Fiji Lifeline Counselling Service in Fiji.¹ All three offer national toll-free telephone services 24 hours per day 7 days a week. Lifeline in American Samoa is serviced by the United States Lifeline service, whereas Fa’ataua Le Ola – Samoa Lifeline and Fiji Lifeline are serviced by local centres. [A recent review](#) of Lifeline in American Samoa highlighted the need for establishing a local crisis centre for American Samoans.

Samoa Lifeline was established in 2000 but was rebranded as Fa’ataua Le Ola – Samoa Lifeline in 2012 to include outreach programs to churches, communities and colleges,

given suicide prevention was identified as a key priority area in Samoa. Its counsellors receive Lifeline basic counselling training from Lifeline Australia. Fiji Lifeline receives on average [18 calls per day](#).

Fiji Lifeline and Samoa Lifeline provide important mental health telephone services and operate as non-government organisations (NGOs) that are largely reliant on aid donors, community donations and corporate sponsorship, including from Pacific diaspora. Indeed, Samoa Lifeline has partnered with NGOs in Australia [to raise funds](#) for its service.

Note that in PNG there is a service called Lifeline but it does not offer a toll-free telephone number and its efforts primarily focus on running a safe house in Port Moresby and providing face-to-face counselling. Lifeline PNG is operated by several churches and also receives some donor support.

Substantial linguistic and cultural diversity presents a major challenge for health telephone services in the Pacific. Indeed, cultural background can be a substantial barrier for accessing mental health services: 'culture impacts on mental health, such as how health and illness are perceived, coping styles, treatment-seeking patterns, impacts of history, racism, bias and stereotyping, gender, family, stigma and discrimination' (Gopalkrishnan and Babacan 2015:6). Biomedical beliefs can be quite different to Western understandings of medicine (see Herbst 2017; Cox and Phillips 2015).

Conclusion

This paper highlights the need for more mental health services in PICs and identifies cultural and linguistic hurdles faced by telephone counselling services. Further research on this topic would be valuable, as there is a lack of research on mental health counselling services in PICs, including telephone services.

This is a region with enormous need and contextual challenges. Call-centre mediated telephone counselling services have a history of good results in other settings. There are fledgling, unevaluated initiatives in the Pacific and a need for evaluations that will demonstrate if there are benefits and, if so, what works where for whom.

Research could examine the appropriateness of services for Indigenous and Pacific peoples. Specific research on Pacific peoples' experiences of Lifeline services could determine the extent to which users are satisfied with the services provided. Analysis of audio recordings of telephone calls could be coupled with in-depth interviews with telephone counsellors and their trainers to delve into issues such as intercultural communication, language barriers and gender issues.

Additional research could also be undertaken in order to better understand the gaps in mental health service provision in PICs, and to identify other telephone counselling services or general health telephone services that are currently available, or that have been in operation but have not been sustainable. Potential linkages between telephone counselling and appropriate face-to-face services (if available) could be a possible area of research.

Author notes

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Endnote

1. This In Brief is the work of the authors and does not necessarily reflect the views of the organisations mentioned.

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